

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U- <u>1235C</u> Leave blank if first time filer	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Judith L Schaubach</u> P.O. Box, Bldg., Room No., if any Street <u>2745 Bayshore Dr NW</u> City <u>Isanti</u> State <u>MN</u> ZIP Code + 4 <u>55040</u>	4. Name, file number, and address of labor organization. Name <u>Education Minnesota</u> Labor Organization File Number <u>541-947</u> P.O. Box, Building and Room Number, if any Street <u>41 Sherburne Avenue</u> City <u>St. Paul</u> State <u>Minnesota</u> ZIP Code + 4 <u>55103</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

Judith Schaubach

On

8-15-05

Date

763-444-0252

Telephone Number

Name of Person Filing <u>Judith Schaubach</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. see attached

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing.
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment

2004 Gifts

Name of Business	Nature of Dealing	Business deals with	Approximate Value
California Casualty Management Company Doug Goldberg, Vice President P O Box M95502-0080 1900 Alameda de las Pulgas San Mateo, CA 94403	Auto & Home Insurance	Labor Organization	
May 16, 2004	NEAMB Workshop Miami Beach, FL	CONFIDENTIAL Dinner	\$ 50.00 50.00

2004 Gifts

Name of Business	Nature of Dealing	Business deals with	Approximate Value
Educators Financial Services Kent Schutte, President 440 Emerson St. N. Ste. #2 Cambridge, MN 55008	Financial Services	Labor Organization	
July 28, 200 4	EFS Annual Kick-off, White Bear Lake, MN	Dinner	\$25.00